

OFFICERS OF THE COURT REMOTE ACCESS (OCRA)

ROANOKE COUNTY CIRCUIT COURT

305 EAST MAIN ST, SALEM, VA 24153

I, _____, certify in accordance with Virginia Code 17.1-293 that I am either an attorney in good standing with the Virginia State Bar, an authorized agent of such an attorney, an attorney currently admitted to practice law in Virginia on a pro hac vice basis, or an authorized representative of a governmental agency authorized by the Clerk to access the system. I acknowledge and agree that any data accessed in this system may not be sold or posted on any other internet web site or in any way redistributed to any third party. I further acknowledge and agree that the Circuit Court Clerk reserves the discretion to deny secure remote access to ensure compliance with the Code of Virginia.

SIGNATURE: _____

Subscriber:

Last Name: _____

First Name: _____

Bar Number (if applicable): _____

Business Name (if applicable): _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____ **Email Address** _____

United States Citizen: YES or NO (please circle one)

Signature: _____

I certify that the information above is true and correct.

I, _____ a Notary Public, do hereby certify that on this _____ day of _____, 20____, _____ personally appeared before me and swore and acknowledged to me that the statements contained therein are true and correct.

Notary Public, City/ County of _____

Name: Typed or Printed _____

Signature: _____

My commission Expires _____ Notary Number _____

Notary Phone Number _____

For Circuit Court Clerk's Office Use Only:

Subscriber ID _____ **Password** _____

Expiration Date _____ **Account Number** _____

Amount Paid _____